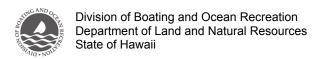


Honokohau Harbor, State of Hawaii 74-380 Kealakehe Parkway Kailua-Kona, HI 96740 Phone: (808) 327-3685

Phone: (808) 327-3685 Fax: (808) 327-3675



1. PERMIT INFO	RMATION						
Enter Event Date	e(s), Times ar	nd Location(s)):			OFFICE USE ONLY	
Date(s)	Start Time	End Time	Location(s)			Date Received:	
						Received By:	
2. PERSON IN CHARGE INFORMATION (Customer)							
Name (Last):	me (Last): (M.I.):				Suffix:		
Date of Birth:	Date of Birth: / / Gender: Gender: Male						
Where will the "Person in Charge" be during the event?							
Phone (business):	one (business): [[[[home]: [] Email: []						
Mailing Address: Apt #:							
City:			_		Zip:		
	3. SPONSOR CONTACT INFORMATION						
3. SPONSOR CO	NTACT INFO	RMATION					
3. SPONSOR CO			(First):		(M.I.):	Suffix:	
			(First):		(M.I.):	Suffix:	
Name (Last):	ale 🗖 Male		(First):				
Name (Last): Gender:	ale 🗖 Male				_ (M.I.):		
Name (Last): Gender: □ Fem Phone (business): Mailing Address:	ale 🗖 Male		me):				
Name (Last): Gender:	ale 🗖 Male						
Name (Last): Gender: □ Fem Phone (business): Mailing Address:	ale 🔲 Male		me):				
Name (Last): Gender: Fem Phone (business): Mailing Address: City:	ale 🔲 Male		me):	Email:		Apt #:	
Name (Last): Gender: □ Fem Phone (business): Mailing Address: City: 4. EVENT INFOR	ale Male	(hor	me):	Email:	Zip:	Apt #:	
Name (Last): Gender: □ Fem Phone (business): Mailing Address: City: 4. EVENT INFORM Name of Event:	ale Male RMATION estants:	(hor	me): State:	Email:	Zip: Zip: A	Apt #:	
Name (Last): Gender: Fem Phone (business): Mailing Address: City: 4. EVENT INFORM Name of Event: Number of Cont	ale Male RMATION estants:	(hor	me): State:	Email:	Zip: Zip: A	Apt #:	
Name (Last): Gender: Fem Phone (business): Mailing Address: City: 4. EVENT INFOR Name of Event: Number of Cont Types of Vessels	ale Male RMATION estants: s: tator Craft:	(hor	State: Number of Vessels: Number of Spectator	Email: F	Zip:	Apt #:	
Name (Last): Gender: Fem Phone (business): Mailing Address: City: 4. EVENT INFORM Name of Event: Number of Cont Types of Vessels Number of Spec	ale Male RMATION estants: s: tator Craft:	(hor	State: State:	Email: F	Zip:	Apt #:	



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APPLICATION MARINE OCEAN WATER EVENT (Continued)

4. EVENT INFORMATION (Continued)
Will this event interfere or impede the natural flow of commercial traffic? ☐ Yes. ☐ No. If Yes, explain. This may require Regatta Regulation (fill in the blank) Honolulu.
What extra or unusual hazard will be introduced into the event area? (Possible hazards to participants or non-participants.)
Have any objections been received from other interested parties? ☐ Yes. ☐ No. If Yes, explain.
List Vessels or Equipment provided by sponsoring organizations for safety purposes, if any. Provide description and/or identification numbers.
Does the sponsoring organization deem their patrol adequate for safety purposes? ☐ Yes. ☐ No. If Yes, explain.
5. NOTICE TO ALL APPLICANTS
This application must be submitted at least 30 days prior to the event. Non-government sponsors are required to provide a certificate of insurance naming the State of Hawaii as an additional insuree. This may be submitted to the District Office at least 7 days prior to the event or by mail to the appropriate District Office.
If a Coast Guard or Coast Guard Auxiliary Patrol is requested for this event, you must contact the Commander of the U.S. Coast Guard to make arrangements at: Commander (OPCEN) USCG Group Honolulu, Sand Island Access Road, Honolulu, HI 96850. Phone: (808) 581-2450
6. AGREEMENT & SIGNATURE
I agree to comply with the provisions of the Hawaii Administrative Rules as promulgated by the Division of Boating and Ocean Recreation applicable to this permit. Signature of Applicant Date